

## Rule Change Proposal Form

## **Facilities & Services Licensing**

P.O. Box 47852

Olympia, Washington 98504-7852 Telephone: (360) 236-2900 Fax: (360) 236-2901

Internet: www.doh.wa.gov/hsga/FSL/Default.htm

Motion	YES	NO	Comm. action	Proposal #	

	WWW.dom.wa.gov/noquir 02250dddminan											
1	Date		Name of submitter									
itter	Mailing Address:		City		County	County State						
Submitter	Telephone		Email Addre	SS:								
2	WAC Chapter <b>246-320</b>			WAC	C section (e.g. 010) Paragraph (e.g. (2)(a							
3	Proposal (include proposed new or revised wording, or identification of wording to be deleted): Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (deleted wording)											
Proposal												
4	Statement of Problem a reason for your proposal)	nd Substantiati	ion for	Proposal:	(State the proble	em that your reco	mmendatio	n addresses; give specific				
Substantiation												
U)	☐ This proposal is original material (Original material is based on the submitters own idea or as a result of his/her own experience, thought, or research and, to the best of his/her knowledge, is not copied from another source.) ☐ This proposal is not original material; its source (article, book, standard, guideline, etc) is as follows:											
5	Signature			Т	tle			Date				